



# City of Chula Vista

## Claim for Damages

Received by: \_\_\_\_\_ Via: ☐ U.S. Mail ☐ Inter-Office Mail ☐ Over the Counter

**INSTRUCTIONS:** Original Claim must be filed with the City's Human Resources/  
Risk Management Division, MS H-101, 276 Fourth Avenue, Chula Vista, CA 91910.

Time Stamp

### PLEASE NOTE:

- A. Claims for death, injury to person or personal property must be filed no later than six months from the date of occurrence and claims for damages to real property must be filed no later than one year from the date of occurrence. (Government Code Section 911.2).
- B. Read the entire claim form before filing.
- C. Attach separate sheets, if necessary, to give full details.
- D. This form is for the convenience of those desiring to present claims against the city. Claimant is advised to consult a private attorney if legal advice is desired. No employee of the city may give legal advice to any claimant relating to private claims.
- E. If you want a copy of your claim or any attachments, please have copies made prior to filing your claim with the City. The City **can not** make copies for you.

1. Name of Claimant: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First M.I. MM DD YYYY

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Driver License No.: \_\_\_\_\_

Phone No: Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Mobile: (\_\_\_\_) \_\_\_\_\_

Address of Claimant: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address of Claimant: \_\_\_\_\_

2. Name, Address, and Phone Number where Claimant would like notices to be sent (if other than above):

Name: \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

3. When did the damage or injury occur? Date: \_\_\_\_\_ Time: \_\_\_\_:\_\_\_\_ ○ AM ○ PM

4. What was the exact or specific location where the damage or injury occurred?

\_\_\_\_\_

5. What happened and why do you think the City is responsible? (Attach additional pages if needed)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Claimant Name:** \_\_\_\_\_

**6. Name and position of responsible City employee(s), if known?**

\_\_\_\_\_  
\_\_\_\_\_

**7. Witnesses:** (names, addresses, and phone numbers)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**8. Damages claimed:**

1) If your claim does not exceed ten thousand dollars (\$10,000), state the basis of your computation of the amount claimed.  
(Attach supporting medical bills, invoices, repair estimates, etc.):

- a) Amount claimed as of this date: \$ \_\_\_\_\_  
b) Estimated amount of future costs: \$ \_\_\_\_\_  
c) Total amount claimed (a + b): \$ \_\_\_\_\_

2) If your claim exceeds \$10,000, Government Code 910(f) requires that you indicate whether or not your claim is a "limited civil case". Check one:

- ☐ The total claim does not exceed \$25,000. This is a limited civil case.  
☐ The total claim exceeds \$25,000. This is not a limited civil case.

**WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM (Penal Code Section 72)**

"Every person who, with intent to defraud, presents for allowance or for payment to any state board or officer, or to any county, city, or district board or officer, authorized to allow or pay the same if genuine, any false or fraudulent claim, bill, account, voucher, or writing, is punishable either by imprisonment in the county jail for a period of not more than one year, by a fine of not exceeding one thousand dollars (\$1,000), or by both such imprisonment and fine, or by imprisonment in the state prison, by a fine of not exceeding ten thousand dollars (\$10,000), or by both such imprisonment and fine."

I declare under penalty of perjury under the laws of the State of California that the statements made in the above claim are true of my own knowledge, except as to those matters stated upon information or belief and as to such matters believe the same to be true. This declaration was executed on the \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_, \_\_\_\_\_  
City State

Signature of claimant or representative of claimant \_\_\_\_\_